

Page 1 of 2  
FORM 5. INVOLUNTARY PETITION

*If a child support creditor or its representative is a petitioner, and if the petitioner files the form specifying ... , Reform Act of 1994, no fee is required.*

FORM 5 Involuntary Petition  
(6/92)

Case No. \_\_\_\_\_

(court use only)

**TRANSFER OF CLAIM**

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a).

**REQUEST FOR RELIEF**

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X

Signature of Petitioner or Representative (State title)  
Chicago and Northeast Illinois District Council of Carpenters,  
Apprentice and Trainee Program Fund

Name of Petitioner

Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

Earl E. Oliver - Contribution Manager  
12 E. Erie Street  
Chicago, IL 60611

X

Signature of Attorney

Date

Scalambrino &amp; Amoff

Name of Attorney Firm (If any)

33 North LaSalle Street  
Suite 1210  
Chicago, IL 60602

Address

Telephone No. (312) 629-0545

X

Signature of Petitioner or Representative (State title)

Chicago District Council of Carpenters Welfare Fund

Name of Petitioner

Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

Earl E. Oliver - Contribution Manager  
12 E. Erie Street  
Chicago, IL 60611

X

Signature of Attorney

Date

Scalambrino &amp; Amoff

Name of Attorney Firm (If any)

33 North LaSalle Street  
Suite 1210  
Chicago, IL 60602

Address

Telephone No. (312) 629-0545

X

Signature of Petitioner or Representative (State title)

Chicago District Council of Carpenters Pension Fund

Name of Petitioner

Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

Earl E. Oliver - Contribution Manager  
12 E. Erie Street  
Chicago, IL 60611

X

Signature of Attorney

Date

Scalambrino &amp; Amoff

Name of Attorney Firm (If any)

33 North LaSalle Street  
Suite 1210  
Chicago, IL 60602

Address

Telephone No. (312) 629-0545

**PETITIONING CREDITORS**

Name and Address of Petitioner Chicago and Northeast Illinois District Council of Carpenters Apprentice and Trainee Program Fund	Nature of Claim Unpaid Apprentice and Trainee Program Contributions	Amount of Claim 6,325.34
Name and Address of Petitioner Chicago District Council of Carpenters Welfare Fund	Nature of Claim Unpaid Health & Welfare Fund Contributions	Amount of Claim 28,051.87
Name and Address of Petitioner Chicago District Council of Carpenters Pension Fund	Nature of Claim Unpaid Pension Fund Contributions	Amount of Claim 16,730.63
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims 51,107.84

0 continuation sheets attached